

INSTRUCTIONS

Order Information: Check the box that most accurately describes the type of order being entered. If it is a dissolution of marriage, enter the place of marriage and indicate if child support is ordered. Temporary support orders and paternity orders that contain child support are categorized as “child support order, without dissolution.” “Child support order” includes medical support orders. If the order does not contain a child support order, social security numbers of the parties are not required and only Parts 1, 2 and 9 need to be completed.

Parts 1 and 2: Provide information about the parties to the order. If there is a child support order, be sure to check the box that shows whether the party owes support (payer) or will receive support (payee). If a party is ordered to both pay and receive support, check the box labeled “both.” If there is no support order, check the box labeled “N/A” for not applicable. If a party is ordered to pay \$0 support, that party should be considered a payer.

Part 3: Provide information about the children named in the order and indicate which parent or other party the children live with. If the parenting plan provides for shared residential parenting, circle “B” for both. If a child is not living with either parent, circle “O” and list the child’s name and address.

Part 4: Complete this part if support is ordered to be paid to an agency or an individual other than a parent.

Part 5: Indicate whether any of the parties are protected from each other by a protective or restraining order. If yes, list the names of the protected parties. This includes any protected children.

Part 6: Provide information about the employment or other source of income of the party who is ordered to pay child support. If both parties are ordered to pay support, skip Part 6 and complete Part 10 instead.

Part 7: Provide information about the support order. Check the type(s) of support ordered and enter the amount and how often it is due. (Example: \$100 per week.) All orders should have a “begin” date; many will not have an “end” date. If both parties are ordered to pay support, skip Part 7 and complete Part 11 instead.

If the order enters a judgment for past due support, show the **total** amount of the judgment. If the judgment includes amounts for penalties, fees or interest, list those amounts on the appropriate lines.

List any special conditions of the support order. (Example: support is due until the child graduates from college.)

Copy the information requested about the guidelines to this form from the guidelines worksheet.

Part 8: Provide information about health insurance coverage for the children. If insurance is not provided, indicate whether it is available through the employer of either parent. Relationship of the party providing insurance is the party’s relationship to the children. (Example: mother, father, mother’s spouse, father’s spouse.) List the terms and conditions of the insurance coverage. (Example: 80/20 plan, \$500 deductible, major medical only.)

Part 9: Provide information about the person completing this form.

Part 10: Employment information for multiple payers. Complete only if both parties are ordered to pay support. See Part 6 instructions.

Part 11: Order information for multiple payers. Complete only if both parties are ordered to pay support. See Part 7 instructions.

(See instructions on first page)

1	Mother/Wife: <input type="checkbox"/> Payer <input type="checkbox"/> Payee <input type="checkbox"/> Both <input type="checkbox"/> N/A Maiden Name: _____			
	Name: _____		SSN: _____ Telephone: (____) _____	
	Last	First	Middle/Suffix	
	Mailing Address: _____			
	Street	City	State	Zip
Residential Address (if different from above): _____				
Date of Birth: _____		Place of Birth: _____		Race: _____
Driver's License # / State _____			State / Foreign Country _____	
Occupation: _____				
Number of this marriage (1st, 2nd, etc.): _____ Date, City & State of previous marriage(s): _____				

2	Father/Husband: <input type="checkbox"/> Payer <input type="checkbox"/> Payee <input type="checkbox"/> Both <input type="checkbox"/> N/A			
	Name: _____		SSN: _____ Telephone: (____) _____	
	Last	First	Middle/Suffix	
	Mailing Address: _____			
	Street	City	State	Zip
Residential Address (if different from above): _____				
Date of Birth: _____		Place of Birth: _____		Race: _____
		State / Foreign Country		
Driver's License # / State _____		Occupation: _____		
Number of this marriage (1st, 2nd, etc.): _____ Date, City & State of previous marriage(s): _____				

[illegible]

If any of the above-named children are not residing with a parent, list the child's name and address : B=Both O=Other

4	Other Payee: Name of person/agency owed support if not parent: _____ <div style="text-align: center; margin-left: 150px;">Last Name or Agency Name</div> <div style="text-align: center; margin-left: 250px;">First</div> <div style="text-align: center; margin-left: 250px;">Middle</div> Mailing Address: _____ Telephone: (____) _____ <div style="text-align: center; margin-left: 100px;">Street</div> <div style="text-align: center; margin-left: 150px;">City</div> <div style="text-align: center; margin-left: 100px;">State</div> <div style="text-align: center; margin-left: 100px;">Zip</div> Residential Address (if different from above): _____																																													
5	Protective Order: Is a party to this action protected from another party to the action by an order of protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name(s) of protected party(ies): _____																																													
6	Employer/Income Source Information: Provide information about the payer's employment or periodic source of income. (Attach additional pages if needed.) <input type="checkbox"/> Check here if this order requires both parties to pay support and skip Parts 6 & 7 and complete Parts 8, 9, 10 & 11. <hr/> <div style="display: flex; justify-content: space-between;"> Name of Employer or Source of Income Telephone </div> <hr/> <div style="display: flex; justify-content: space-between;"> Street City State Zip </div>																																													
7	Support Order: Date Order Signed: _____ Check type of support and enter appropriate information If applicable, arrears due at time of order: \$ _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Support Type</th> <th style="text-align: left;">Total Due</th> <th style="text-align: left;">Frequency</th> <th style="text-align: left;">Begin Date</th> <th style="text-align: left;">End Date</th> <th style="text-align: left;">Judgment</th> <th style="text-align: left;">Penalty*</th> <th style="text-align: left;">Fees*</th> <th style="text-align: left;">Interest*</th> </tr> <tr> <th colspan="9" style="text-align: center; font-size: small;">(*list amounts if included in judgment)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Child Support:</td> <td>\$ _____</td> <td>per _____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Medical Support:</td> <td>\$ _____</td> <td>per _____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Spousal Support: (Alimony)</td> <td>\$ _____</td> <td>per _____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> Is payer exempt from income withholding under MCA 40-5-315? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Tribal Order List any special terms/conditions of the support order(s): _____ <hr/> Was the mother represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the father represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center; margin-top: 10px;">Information from child support guidelines worksheet:</div> <div style="display: flex; justify-content: space-between;"> <div> Mother: "Income after Deductions": \$ _____ Father: "Income after Deductions": \$ _____ </div> <div> "Credit for Payment of Expenses": \$ _____ "Credit for Payment of Expenses": \$ _____ </div> </div>	Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty*	Fees*	Interest*	(*list amounts if included in judgment)									<input type="checkbox"/> Child Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Medical Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Spousal Support: (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
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<input type="checkbox"/> Spousal Support: (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____																																						
8	Health Insurance: (Attach additional pages if needed.) Is health insurance provided for the children? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, answer last question in this section) Name and relationship of party providing insurance: _____ Policy No. _____ Name of insurance carrier or health benefit plan: _____ Address of insurance carrier or health benefit plan: _____ Names of children covered: _____ Terms/conditions of coverage: _____ If children are not covered, is coverage available through: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Father's employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Mother's employer? <input type="checkbox"/> Yes <input type="checkbox"/> No </div>																																													
9	This form was completed by: Name / Title: _____ Telephone: _____ Signature: _____ Date: _____ <div style="text-align: center; margin-top: 20px;"> Complete next page if both parties are ordered to pay child support. Information contained in this form is private and confidential. It may only be shared with courts, agencies and individuals authorized by MCA 40-5-923. </div>																																													

Multiple Payers: Complete Parts 10 and 11 only if the order requires both parties to pay support.

10 **Mother's Employer/Income Source Information:** Provide information about the mother's employment or periodic source of income. (Attach additional pages if needed.)

Name of Employer or Source of Income

Telephone

Street

City

State

Zip

Father's Employer/Income Source Information: Provide information about the father's employment or periodic source of income. (Attach additional pages if needed.)

Name of Employer or Source of Income

Telephone

Street

City

State

Zip

11 **Support Order:** Date Order Signed: _____

Mother's Support Obligation

If applicable, arrears due at time of order: \$ _____

Check type of support and enter appropriate information

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty* (*list amounts if included in judgment)	Fees*	Interest*
<input type="checkbox"/> Child Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Medical Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Spousal Support: (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

Is the mother exempt from income withholding under MCA 40-5-315? ☐ No ☐ Yes ☐ Tribal Order

Father's Support Obligation

If applicable, arrears due at time of order: \$ _____

Check type of support and enter appropriate information

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty* (*list amounts if included in judgment)	Fees*	Interest*
<input type="checkbox"/> Child Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Medical Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Spousal Support: (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

Is the father exempt from income withholding under MCA 40-5-315? ☐ No ☐ Yes ☐ Tribal Order

List any special terms/conditions of the support order(s): _____

Was the mother represented by an attorney? ☐ Yes ☐ No Was the father represented by an attorney? ☐ Yes ☐ No

Information from child support guidelines worksheet:

Mother: "Income after Deductions": \$ _____ "Credit for Payment of Expenses": \$ _____

Father: "Income after Deductions": \$ _____ "Credit for Payment of Expenses": \$ _____